

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 04/22/2007		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 04/26/2007							
		FINANCIAL PAYER: NCIDMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
							FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	8535	545	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH					
		3411	276	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	78	1201	1216	15	
		8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404910	PATHWAYS	8329	134	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA					
		8537	58	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	19	394	4454	4050	
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404912	CATAWBA COUNTY ENTAL HEALT	8649	10	CLAIM DENIED MAXIMUM ALLOWED 2 6 OCCURRENCES HAVE PROCESSED AND PAID, PA IS REQUIRED.					
		79	7	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	27	771	744	
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404913	MECKLENBURG COM ENTAL HEALT	8505	2736	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		11	908	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	4214	4545	331	
		8599	276	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDES AND BENEFIT PACKAGE.					
3404916	CROSSROADS BEHA VIOAL HEAL	8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3	37	34	
3404917	CENTERPOINT HUM AN SERVICES	8505	1724	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	2073	4799	2726	
		8621	63	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.					
3404919	GUILFORD CO MEN TAL HEALTHC	8505	7344	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8800	831	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	8266	8299	33	
		8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					

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3404920	ALAMANCE CASWEL L AREA MH D	8505	2516	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	99	DUPLICATE OF CLAIM-SYSTEM	0	2698	4801	2103
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	507	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	336	PRIOR AUTHORIZED DOLLARS EXCEE DED	0	1032	2512	1480
		8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	21	6422	DUPLICATE OF CLAIM-SYSTEM				
		8505	4463	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	28	11721	13092	1371
		8800	609	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	21	33	DUPLICATE OF CLAIM-SYSTEM				
		3411	16	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	76	2063	1987
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	3187	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	125	DUPLICATE OF CLAIM-SYSTEM	9	3684	7964	4280
		8599	114	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDES AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	70	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	24	402	6632	6230
		8800	28	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404927	CUMBERLAND CO M HC	8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	18	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	79	1414	1335
		21	16	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MYTL HL/THC	8505	631	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	91	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	779	1284	505
		3412	24	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

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3404931	WAKE CO HUM SVC	21	822	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8599	207	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	31	1247	5788	4541
		9308	46	PRIOR AUTHORIZED UNITS EXCEEDS D				
3404933	SOUTHEASTERN CT R FOR MH/DD	8537	172	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		10	61	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	1	379	2544	2151
		11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	8536	230	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	764	2099	1335
		4102	136	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	216	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	228	1218	990
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	21	9	DUPLICATE OF CLAIM-SYSTEM				
		8534	8	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	17	34	17
3404939	NEUSE MENTAL HE ALTH CENTER	8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	5	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	81	446	365
		670	4	OTHER DIAGNOSIS CODE 4 IS INVA LID				
3404941	PITT CO MH/DD/S AS CENTER	8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	7	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	62	842	780
		120	7	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6	475	469
		8518	1	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

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3404943	ALBEMARLE MENTAL HEALTH CE	8599	38	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	27	CLIENT ID NUMBER DOES NOT MATCH H PATIENT NAME	3	123	886	763
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMAN SERVICES	8599	90	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8952	56	CLAIM DENIED DUE TO AGE RESTRICTIONS FOR TARGET POPULATION	5	173	2654	2481
		143	14	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404946	FOOTHILLS AREAMENTAL HEALTH	8505	787	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		120	170	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM	1	1061	1441	380
		8537	59	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404957	TIDELAND MENTAL HEALTH CTR	8505	36	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	9	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	63	824	761
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAMH/DD/SA PRO	8505	34	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8535	2	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	37	37	0
		8534	1	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				